EXHIBIT A

UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

IN RE: INSULIN PRICING LITIGATION	**Case 2:23-md-03080** **MDL No. 3080** **JUDGE BRIAN R. MARTINOTTI** **JUDGE RUKHSANAH L. SINGH**

THIS DOCUMENT RELATES TO:

PLAINTIFF FACT SHEET

Plaintiff (also referred to as "You" throughout) shall provide information responsive to the questions set forth below. Instructions and Definitions are provided at the end of this document. You shall provide information reasonably available to You and are not excused from providing the requested information for failure to appropriately investigate Your case. Plaintiff shall supplement its responses if it learns that they are incomplete or incorrect in any material respect.

PLAINTIFF: _____

Case caption and number**:**

_____

Name of Court in which complaint was initially filed

Filing date

Named Defendants

Name, firm and email of principal attorney(s) representing You

_____

Description of the citizens and entities/departments that You represent in this lawsuit:

Drugs at issue in lawsuit:

I. CLAIM INFORMATION

A. Injuries, Damages, and Persons with Relevant Knowledge:

1. Are You seeking in Your lawsuit any damages based on Your allegations? Yes/No

   a. If yes, for what period of time are You alleging damage?

   b. If yes, identify each category of damage that You allege. This request is not designed to require an expert evaluation.

2. Please identify each category of damages or monetary relief that You allege, including all injunctive relief that You seek.

   a. If You are seeking injunctive relief, identify each category of injunction relief that you seek. This request is not designed to require an expert evaluation.

3. Identify the approximate date (i.e. month and year) when You claim You were first injured and began to incur damages as a result of Defendants' alleged conduct. This request is not designed to require an expert evaluation.

4. Identify by name, title, and dates of employment Your current employees or representatives with knowledge regarding the pricing scheme at issue in this litigation and/or the harm it has caused.

5. Identify every medical insurance plan or carrier or workers' compensation program used for any of Your employees since January 1, 2011 for which You are seeking damages. For each, please provide the following information:

Name	Dates Offered	Plan's Pharmacy Benefit Manager / Claims Processor

6. Identify the names of every formulary that were utilized by any entity/department/person on whose behalf that You are claiming damages:

Name	Dates Offered	Formulary Name

7. Identify every Pharmacy Benefit Manager and other third-party administrator You used for your Employees since January 1, 2011. For each response, please provide the following information:

Name	Relevant Dates	Name and Title of Individuals Who Oversaw Program

8. If You assert Medicaid claims, identify every medical insurance plan or carrier used by your State Medicaid program since January 1, 2011. For each, please provide the following information:

Name	Dates Offered	Plan's Pharmacy Benefit Manager / Claims Processor

9. If You asserted Medicaid claims, identify every Pharmacy Benefit Manager and other third-party administrator used by your State Medicaid program since January 1, 2011. For each response, please provide the following information:

Name	Relevant Dates	Name and Title of Individuals Who Oversaw Program

10. If You directly purchased, took possession or distributed the At-Issue Drugs, provide sufficient information to identify the volume, years, drugs at issue, etc.

II. DOCUMENTS

Please produce the following documents:

1. Requests for Proposal (RFPs) relating to the provision of pharmacy benefit management services issued by or on behalf of Plaintiff during the relevant time period and all proposals submitted in response thereto.

2. Each contract, including drafts, amendments, riders, schedules, supplements, or other addenda that Plaintiff entered into with a PBM during the relevant time period, or that otherwise was in effect during the relevant time period.

3. Contracts with third-party advisors in effect during the relevant time period that relate to prescription drug benefits, as well as any presentations, reports, analyses, or memoranda relating to prescription drug benefits Plaintiffs chose or did not choose.

4. Documents and data sufficient to show Plaintiff's expenditures on the drugs at issue for each year of the relevant time period, as well as the corresponding amounts paid by plan beneficiaries/consumers for those purchases, and any rebates paid between Plaintiff and its PBM.

5. Documents sufficient to show when Plaintiffs learned of information related to other insulin pricing lawsuits or investigations, or PBM/drug pricing reform.

6. Documents received by Plaintiff that include representations made by PBMs about their services or made by Manufacturers about their list prices.

II. CERTIFICATION

I declare under penalty of perjury that all of the information provided in this Plaintiff's Fact Sheet is complete, true, and correct to the best of my knowledge and information, and that I have provided all of the requested documents that are reasonably accessible to me and/or my attorneys, to the best of my knowledge.

_____	_____	_____
Signature	Print Name	Date

III. INSTRUCTIONS

1. The Fact Sheet shall be completed in accordance with the requirements and guidelines set forth in the applicable implementing Order.

2. Each Plaintiff must complete this separate form by electronically inserting the responsive information. The electronic version of this Fact Sheet can expand to accommodate as much information as is necessary to fully answer any of these questions.

3. All the responses in this Fact Sheet or an amendment thereto are binding upon Plaintiff as if they were contained in answers to interrogatories. Any responses, however, are without prejudice to future supplementation.

4. In completing this Fact Sheet, you are under oath and must provide information that is true and correct. You must answer every question as specifically as possible. If you cannot recall or locate the details requested, please provide as much information as you can after making a good-faith inquiry and search. For example, if a question asks for a date and the exact date is not known or capable of being ascertained, an approximate date should be provided (e.g., "approximately mid-2011"). You may and should consult records in your possession that contain responsive information to assist you in responding.

5. You must promptly supplement your responses if you learn that they are incomplete or incorrect in any material respect. Each question in this Fact Sheet is continuing in nature and requires supplemental answers if you obtain further information between the time of answering and the trial.

6. Each question in this Fact Sheet should be construed independently, unless otherwise noted. No question should be construed by reference to any other question if the result is a limitation of the scope of the answer to such question.

7. The questions herein do not seek the discovery of information protected by the attorney-client privilege.

8. The words "and" and "or" should be construed as necessary to bring within the scope of the request all responses and information that might otherwise be construed to be outside its scope.

IV. DEFINITIONS

1. At issue drugs means diabetic treatments listed on Exhibit A hereto

2. "You" and "Your" means each individual Plaintiff named in this action and the departments Plaintiff identifies herein.